File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -9 AM 8: 19 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee z uliz Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** of Limited Liability Company M97000000847 1a. Principal Place of Business Address SUGARLAND BUSINESS CENTER L.L.C. 560 HERNDON PARKWAY, SUITE 210 560 HERNDON PARKWAY, SUITE 2 HERNDON VA 22070 HERNDON VA 22070 2. Principal Place of Business 2s. Malling Address 3. Date Organized or Qualified 3a. State of Formation 12/15/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. VA. Applied For City & State City & State 57-1749883 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Žip Country Zip Country \$8,75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR VOELKEL, MARKUS HOCHSTR. 12 WILLICH-SCHIEFBAHN, ACKERMANS-MEYOEN, UTA MGR HOCHSTR. 12 WILLICH-SCHIEFBAHN, MGR GUENTHE R REIBLING 1400 E. New port Center Prive Decitie ld Beach Fl. Svite 209 33442 700002488217--0

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/6/98 95-Y-YII-Y511
Date Davisio Phone 4

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